

# United States Pretrial Services

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Central District of California

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## Last Use Questionnaire

Name: \_\_\_\_\_ PACTS No.: \_\_\_\_\_

Pretrial Services Officer: \_\_\_\_\_

I have used prescription or over the counter medication.

Yes [ ☐ ] No [ ☐ ]

I have used illegal drugs.

Yes [ ☐ ] No [ ☐ ]

Explain any and all **ILLEGAL** drug use below:

Type

Amount

Date Used

If **prescribed medication** was used, answer the following questions:

Medication(s) prescribed by Dr. \_\_\_\_\_ on \_\_\_\_\_.

Doctor's Address: \_\_\_\_\_  
Street Address City State Zip Code

Doctor's Telephone Number: \_\_\_\_\_

Name's of Medication(s): \_\_\_\_\_

Last Use: \_\_\_\_\_ Date Purchased: \_\_\_\_\_ Amount Used Per Day: \_\_\_\_\_

Medical Problem: \_\_\_\_\_

\*If over-the-counter medicines were used, list:

Type

Amount

Date Used

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*BELOW TO BE COMPLETED BY VENDOR \*\*\*

Testing Device Used:

6-Panel (Amp/Coc/Met/PCP/THC/Opi) \_\_\_\_\_

Sweat Patch \_\_\_\_\_

Breathalyzer Negative \_\_\_\_\_ POSITIVE \_\_\_\_\_ Level Detected \_\_\_\_\_

Breathalyzer #2 (if needed) Negative \_\_\_\_\_ POSITIVE \_\_\_\_\_ Level Detected \_\_\_\_\_

